**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000023768 1. Corporation Name

LUIS ARENCIBIA LAWN SERVICE, INC.

## Aug 03, 1999 8:00 am Secretary of State

08-03-1999 90004 011 \*\*\*550.00



Principal Place	of Business	Mailing Address			{ 3   100;1001   FD   DOIN   DOIN   DOIN   DOING   FIGUR   DOING   FIGUR   DOING   D
2806 SOUTHWEST 4TH STREET 2806 SOUTHWEST 4TH STREET BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435					
DOTTE OF DENOTITE GOTOS					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					03/17/1997
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0736397   Not Applicable
Suite, Apt. #	⊭, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Sea. 75 Additional Fee Required
22		27	· Cit. 9 Ct-1-		
City & State		City & State	¬ '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23			Country		
Zip	Country	Zip 30	¬ '	•	8. This corporation owes the current year intangible Personal Property Tax.
24	9. Name and Address of Current		<u>ار</u>		10. Name and Address of New Registered Agent
	9. Name and Address of Current	t Registered Agent	81	Name 1	
AMF	RILAWYER CHARTERED			ال ا	USIO L. MENCISIA
343 ALMERIA AVENUE			82	Street Addre	ress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			83	- X X C C	6 3.40, Tra. 3/1221
001.	, <u> </u>		"		
			84	City	NATA BOACH FL 85 Zip Code 33435
		2 and 607 1509. Elected Statutes	the abou	named com	oration submits this statement for the purpose of changing its registered
office or re	adistement agent or both in the State (	of Florida. Such change was auti	iorizea dy	tne corporatio	on's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes	3.	
SIGNATURE	Jus. Cher	reser			7-25-99
<b></b>	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re ID DIRECTORS	13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. U	PTD .	DELETE	1.1 TITLE		Change Addition
	ARENCIBIA, LUIS		1.2 NAME		
NAME	2806 SOUTHWEST 4TH STREE	т		T ADDRESS	
STREET ADDRESS	BOYNTON BEACH FL 33435	,1	1.4 CITY-5		
CITY-ST-ZIP	VSD	☐ DELETE	2.1 BTLE	51-24	☐ Change ☐ Addition
TITLE	· · · · · · · · · · · · · · · · · · ·		2.2 NAME		
NAME	ARENCIBIA, JUSTO L 2806 SOUTHWEST 4TH STREE	<b>.</b>	1	T ADDRESS	
STREET ADDRESS		. •	2.4 CITY-		
C/TY-ST-Z/P	BOYNTON BEACH FL 33435	☐ DELETE	3.1 TITLE	51-21	☐ Change ☐ Addition
TITLE	and the same		3.2 NAME		
NAME CORECT ADDRESS			•	T ADDRESS	
STREET ADDRESS					
CFTY-ST-ZIP TITLE			3.4. CITY- 4.1 TITLE	31-4F	☐ Change ☐ Addition
NAME			4. 2 NAME		
				T ADDRESS	
STREET ADDRESS			4.4 CITY-5		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	31-4P	☐ Change ☐ Additio
TITLE			5.2 NAME		_ , _
NAME				T ADDRESS	
STREET ADDRESS			5.4 CITY-1		
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Additio
TITLE			6.2 NAME		
NAME				T ADDRESS	
STREET ADDRESS	10 × 10 × 10		6.4 CITY-	į	
CITY-ST-ZIP			D.4 CH 17-3	31-4IF	

CITY-ST-ZIP. 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: